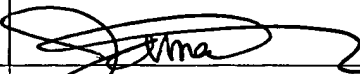


REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|---|---|--------------------------|
| Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket No. | S1022.81083US01 |
| | First Named Inventor or Application Identifier | Jean DEVIN |
| | Original Patent Number | 5,950,224 |
| | Original Patent Issue Date (Month/Day/Year) | September 7 1999 |
| | Express Mail Label No. | EV 292 545 404 US |

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| APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent | | |
| APPLICATION ELEMENTS (37CFR 1.173) | | ACCOMPANYING APPLICATION PARTS |
| <p>1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)</p> <p>6. <input type="checkbox"/> Power Of Attorney</p> <p>7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. Statements verifying identity of above copies</p> | | <p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender a. <input type="checkbox"/> Ribbioned Original Patent Grant b. <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO- 1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. <input type="checkbox"/> Other _____ _____ _____</p> |

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|------------------------------|-------|
| 18. CORRESPONDENCE ADDRESS | |
| Correspondence address below | |
| CUSTOMER NUMBER: | 23628 |

| | |
|---|---|
| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | |
| NAME | James H. Morris, Reg. No. 34,681 |
| SIGNATURE |  |
| DATE | March 8, 2004 |